

TSA WAIVER REQUEST FORM

UNITED STATES/CANADA BORDER CROSSING

WITHOUT TRANSPONDER



Transportation
Security
Administration

Fax completed forms to (571) 227-1945.
WAIVER APPLICATIONS REQUIRE A MINIMUM OF SEVEN DAYS TO PROCESS
Incomplete or illegible information may result in delays in the processing of this application.

I. COMPANY/AIRCRAFT INFORMATION:

PREVIOUS WAIVER # _____

Name of Company: _____

Mailing Address: _____

Street Address

City/State/Country

Zip Code

Company Telephone No. _____ Company Fax No.: _____

(Required) Name of Requestor _____

Telephone Number of Requestor and e-mail address _____

Purpose of Flight: _____

Please specify whether flight is Cargo, Passenger or Both _____

Type of Aircraft _____ Aircraft Call Sign _____

Registry/Tail Number _____ Aircraft Maximum Certified Takeoff Gross Weight: _____

II. PILOT INFORMATION

(Note - Place of Birth: If US, list City and State; if foreign, list City and Country)

| Last Name | First Name | Middle Name | Date of Birth (MMDDYYYY) | City/Country of Birth | Passport Number (Use Text Format) | Passport Country of Issuance | Social Security Number |
|-----------|------------|-------------|-----------------------------|--------------------------|--------------------------------------|---------------------------------|---------------------------|
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III. CREW AND PASSENGER INFORMATION

(Note - Place of Birth: If US, list City and State; if foreign, list City and Country)

| Last Name | First Name | Middle Name | Date of Birth (MMDDYYYY) | City/Country of Birth | Passport Number (Use Text Format) | Passport Country of Issuance | Social Security Number |
|-----------|------------|-------------|-----------------------------|--------------------------|--------------------------------------|---------------------------------|---------------------------|
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IV. FLIGHT ITINERARY:

START DATE: _____ END DATE: _____

Request will not be processed if appropriate dates are not provided. If only one date is provided the waiver letter will be issued for the one day only. Back-dated waivers will not be processed.

List all legs of flight (4 letter identifiers/ICAO code only) with dates of travel: (Example: Feb 14 – 23. KMIA-LFPB-KMIA.)

SECURITY STATEMENT

Aircraft Registration Number: _____

Aircraft Type: _____

**I. AFFIRMATION: Requestor must affirm to each of the following. On the date of the proposed flight:
Please check (X) each requirement**

- _____ Access to the aircraft has been properly controlled by company representative(s).
_____ A senior company representative has verified the identity and authorization of each crewmember and passenger.
_____ Only authorized passengers are on board the aircraft.
_____ The aircraft will not deviate from the approved air traffic flight plan.
_____ The pre-flight inspections include a search of the cargo and cabin areas to ensure no foreign objects, explosives, etc. have been placed on board.

How is the aircraft secured when not operational? (Locked hanger, fenced area with gate access, security guards, etc)

How are the personnel on board vetted/positively identified/security reviewed before boarding the aircraft?

IV. Additional security measures taken, if any:

V SIGNATURE OF CORPORATE SECURITY DIRECTOR, COMPANY PRESIDENT, EQUIVALENT OR DESIGNEE.

The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement, or an omission of a material fact, on this application may be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code), and may be grounds for denial of a waiver request or suspension or revocation of a waiver and other penalties.

| | | |
|---------------------------|--------------------------------|-----------------------|
| _____ Signature | _____ Print Name | _____ Title |
| _____ Date | _____ Contact Number | |

Privacy Statement

Authority: 49 U.S.C. § 40103(b) (3) and 49 U.S.C. § 114. FOIA

Purpose: This information primarily will be used to conduct background checks on crewmembers and passengers on flights for which waivers of flight restrictions have been sought from the FAA. You are not required to provide this information, however, failure to do so may result in a denial of the waiver request for the flight, or denial of permission for you to board a flight for which a waiver has been granted

Routine Uses: This information may be provided to third parties, including government contractors and other governmental agencies, as necessary to conduct the background checks. It also may be provided to governmental agencies when relevant for criminal and civil investigations concerning threats to civil aviation security or violations of law, rule or regulations.

Paperwork Reduction Act Burden Statement: Through this information collection, TSA is gathering information about you to facilitate your application for a flight waiver. This is a mandatory collection of information if you wish to obtain a flight waiver over restricted airspace. It is estimated that the total average burden per response associated with this collection can take up to 2 hours per international request and 45 minutes per domestic request. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The control number assigned to this collection is OMB 1652-0033, which expires 9/30/2008.